PART B - FEE(S) TRANSMITTAL

	form, together wit	papplicable jee	(s), to: <u>Mail</u>	Mail Stop ISSU Commissioner		
		· ·		P.O. Box 1450		
		2000	or <u>Fax</u>	(703) 746-4000	rginia 22313-1450	
INSTRUCTIONS: This form s appropriate. All further correspondicated unless corrected below maintenance fee notifications.	hould be used for trah ondence including the v or directed otherwise	smitting the ISSUE atent, advance order in Block 1, by (a)			quired). Blocks 1 through 5 s will be mailed to the current ss; and/or (b) indicating a sep	chould be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE AD 022494 7590	DRESS (Note: Use Block 1 for 04/19/2005	any change of address)		Note: A certificate Fee(s) Transmittal.	of mailing can only be used for this certificate cannot be used sonal paper, such as an assignment of mailing or transmission.	or domestic mailings of the for any other accompanying
DALY, CROWLEY SUITE 301A 354A TURNPIKE SIREE	OURKEE, LLP		I hereby certify that	Certificate of Mailing or Tran this Fee(s) Transmittal is bein e with sufficient postage for fi fail Stop ISSUE FEE address SPTO (703) 746-4000, on the	smission	
CANION, MASSACHUSET	15 42421-2714			Pay	D. Mrkee	(Depositor's name)
				1Ch	Muree	(Signature)
				14	Im 05	(Date)
APPLICATION NO.	FILING DATE	FU	RST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/029,344	12/28/2001		Thomas L. Dir	ngs	P 280213 EMC-0-068	5511
TITLE OF INVENTION: MANA	AGEMENT OF FILE E	XTENT MAPPING .	TO HASTEN MI	IRROR BREAKING IN	N FILE LEVEL MIRRORED E	ACKUPS
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0	\$1400	07/19/2005
EXAMINE	R	ART UNIT		CLASS-SUBCLASS		
WONG, LES	SLIE	2167		707-008000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RE	SIDENCE DATA TO E	E PRINTED ON TH		<u>-</u>		
					signee is identified below, the	document has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
(A) NAME OF ASSIGNEE		(B)	RESIDENCE: (0	CITY and STATE OR (COUNTRY)	• • • • • • • • • • • • • • • • • • • •
	ı	(B)	•	CITY and STATE OR O Massachusetts		1400.00 OP 30.00 OP
(A) NAME OF ASSIGNEE EMC Corporation		, ,	Hopkinton,	Massachusetts	COUNTRY)	1400.00 OP 30.00 OP
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PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it displays a valid OMB control number. work Reduction Act of 1995, no persons Application Number 10/029,344 Filing Date TRANSMITTAL December 28, 2001 First Named Inventor **FORM** Thomas L. Dings Art Unit 2167 **Examiner Name** Leslie Wong (to be used for all correspondence after initial filing) Attorney Docket Number EMC-046PUS Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ~ Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Petition Appeal Communication to TC Amendment/Reply Appeal Notice, Brief, Reply Brief Petition to Convert to a After Final Provisional Application Proprietary Information Power of Attorney, Revocation Affidavits/declaration(s) Change of Correspondence Address Status Letter Other Enclosure(s) (please Identify Extension of Time Request Terminal Disclaimer below): PTOL-85 Form Express Abandonment Request Request for Refund Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application In the event a petition for extension of time is required by this paper and not Reply to Missing Parts

under 37 CFR 1.52 or 1.53

Daly, Crow

Firm Name

Signature

Date

Printed name

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CERTIFICATE OF TRANSMISSION/MAILING					
I hereby certify that this cor sufficient postage as first cl the date shown below:	respondence is being facsimile transmitted to the U ass mail in an envelope addressed to Commission	SPTO or deposited with the United States Postal Service with for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on			
Signature	Klul Church	el			
Typed or printed name	Paul D. Durkee	Date 14 Jun 05			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

such extension.

otherwise provided, such petition is hereby made and authorization is provided herewith to charge deposit account No. 50-0845 for the cost of

Reg. No.

41,003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)

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of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Under th Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). on 12/08/2004. Complete if Known 10/029,344 Application Number TRANSMIT Filing Date December 28, 2001 For FY 2005 First Named Inventor Thomas L. Dings Leslie Wong **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2167 1,430 TOTAL AMOUNT OF PAYMENT EMC-046PUS Attorney Docket No. METHOD OF PAYMENT (check all that apply) X | Check [__ Credit Card _ J Money Order None 1 Other (please identify): Deposit Account Name: Daly, Crowley, Mofford & Durkee, LLP 50-0845 Deposit Account Deposit Account Number:_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 200 100 130 Design 100 50 65 Plant 200 100 300 150 160 80 300 500 150 600 300 Reissue 250 200 0 Provisional 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims **Multiple Dependent Claims Total Claims Extra Claims** Fee (\$) 0 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Extra Claims Fee (\$) Fee Paid (\$) 0___x - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Extra Sheets Fee (\$) Fee Paid (\$) Total Sheets 0 ___ (round **up** to a whole number) x 0 / 50 = 0 Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) 0 Other: PTO Issue Fee and Ten (10) Soft Copies 1430

SUBMITTED BY			
Signature	Mullel Mules	Registration No. (Attorney/Agent) 41,003	Telephone 781.401.9988 ext. 21
Name (Print/Type)	Paul D. Durkee		Date 14 Jun 05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.